PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

22.J	173	5	K2
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CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL TYPE	ENTITY	OR	OTHER SMALL				
F	OR			ER FILED		NUMBER EXTRA		7 г	RATE	FEE	7	RATE	FEE
BA	SIC FEE		Å.			380.00	OR	3	760.00				
TOTAL CLAIMS / minus 20= *] [X\$ 9=		OR	X\$18=	つと:					
INE	DEPENDENT C	LAIMS		minus	3 =	*	\sim		X39=		OR	X78=	(X)
MULTIPLE DEPENDENT CLAIM PRESENT							┚╏	+130=		OR	+260=		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	L	TOTAL		OR	TOTAL	ヒロか
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL	ENTITY	OR	OTHER SMALL I			
ENTA		CL REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 8		Minus	**	35	=] [X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* NTATIC	N OF MI	Minus	***	\triangle	=	+ [X39=		OR	X78=	
	11101111202		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DENT ODAIN		⁴	+130=		OR	+260=	
					A	TOTAL DDIT. FEE	•4	OR	TOTAL ADDIT. FEE				
			umn 1)			Column 2)	(Column 3)				_		
AMENDMENT B		REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=]	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR +260=						···-							
								L	TOTAL			TOTAL	
ADDIT. FEE													
ပ		CL	AIMS	***		Column 2)	(Column 3)	1 _	r	ADDI-	ſ		ADDI-
<u> </u>		AF	AINING TER DMENT	*	PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
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¥ E	Independent	*		Minus	***		=	╽┞	X39=		ı	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM A39= OR A78=													
* 11	the entry in colur	nn 1 ie le	es than th	e entry in colu	nn o	write "O" in cal	umn 3	L	+130=	أحييت	OR	+260=	
**	f the "Highest Nur	nber Pre	viously Pa	id For" IN THIS	SPA	CE is less than	n 20, enter "20.	" AD	TOTAL DIT. FEE		OR /	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

is Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	x	Fee	-	
	Sm/Lg.					Fee =	Total
Basic Filing Fee	201/101				Sm. Entity	Lg. Entity	
Total Claims >20	203/103	<u></u>				<u>_</u> :	260
Independent Claims >3	202/102	3 -3 -				18 -	200
Mult Dep Claim Present	204/104		<u></u>			<u> </u>	<u> </u>
Surcharge	205/105				·		
English Translation	139			•		100	130
TOTAL FEE CALCULA	TION					•	

Fees due upon fili	ng the application:
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Total Filing Fees Due = Less Filing Fees Submitted - \$__

BALANCE DUE

FORM OPE-RAM-01 (Rev. 12/97)